

Shipper 16689

10/6 / 86

State of California—Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Para Plate 3242 E. Olympic Blvd., Los Angeles, CA 90023		CA 10100131641813		A. State Manifest Document Number 86534705		
4. Generator's Phone (213, 268-4281				B. State Generator's ID CAX000036483		
5. Transporter 1 Company Name Omega Recovery Services		6. US EPA ID Number CA DQ 4 2 2 45 0 01		C. State Transporter's ID 706734		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991		
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CA DQ 4 2 2 45 0 01		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CAD 042245 001		
				H. Facility's Phone 213/698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Waste ORM-A N O S NA 1693 ORM-A (FLEXOSOLVENT)		No. Type				
		0 04 DM		120	G	211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name Preston Robin Lelesma		Signature Preston Robin Lelesma		Month Day Year 11/01/86		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Isaac Woods Jr		Signature Isaac Woods Jr		Month Day Year 11/01/86		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name FRANK FORD		Signature Frank Ford		Month Day Year 11/01/86		

DHS 8022 A (11/85)
(EPA 8700-22)While: TSDf SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To P.O. Box 3000 Sacramento CA 95812

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